|  |
| --- |
| For Procurement Use Only |
| Date Received by Procurement |  | Procurement Control Number |  |

# TO BE COMPLETED BY REQUESTING OFFICE

**Does the scope of work for the proposed contract include IT-related services?**

Check one of the following:

 Yes. If yes, complete a TECHNOLOGY JUSTIFICATION FORM and deliver packet to the Office of Technology and

 Strategic Services for review and processing.

 No. If no, complete sections below and deliver contract packet to the Office of Procurement.

|  |  |
| --- | --- |
| **Requesting Office** |  |
| **Office Contact(s)** |  |
| **Name of Contractor** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Public Employee Retiree** |  | **No** |  | **Yes** | **Race** |  | **Gender** |  |

**Detailed description of contractual services to be performed, including location, program, purpose and condition or regulatory agency establishing the requirement for services:**

|  |
| --- |
|  |

**If a Program Evaluation is applicable, include statement of work, calendar of events, entrance conference requirements, and reporting requirements:**

|  |
| --- |
| This section should be completed only if Program Evaluation is applicable. Otherwise clear the following and insert N/A for this section.* + Statement of Work
	+ Calendar of Events
	+ Contractor will provide Entrance Conference, in which the contractor will present and provide written information to division staff, including project scope and objectives, planning approach and methodology, anticipated timelines for data gathering and analysis, timelines for key project milestones and deliverables, and an introduction to the project manager and staff
	+ Contractor agrees to provide Written Report/Executive Summary/Findings/Recommendations Presentation to School Performance and Accountability Subcommittee upon completion of statement of work
 |

**Justification of request, including assessment of current personnel resources:**

|  |
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|  |

**Qualifications that make this contractor the best suited to perform this task:**

|  |
| --- |
|  |

**Consequence of contract being disapproved:**

|  |
| --- |
|  |

**Are services requested in this contract related to any other service in a current contract? If so, please explain.**

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|  |

**Selection Process (Indicate procurement method used by check mark):**

|  |  |  |
| --- | --- | --- |
|  | Regulatory Exemption | Attach Documentation to Support Exemption |
|  | Competitive Sealed Invitation for Bids | Title: |
|  | Competitive Sealed Proposals | Title: |
|  | Competitive Sealed Qualifications | Title: |
|  | Request for Vendor Quotes | Attach MDE RFQ |
|  | Vendor Quote(s) | Vendor Response |
|  | Sole-Source Procurement  | Attach Documentation to Support Sole Source |
|  | Emergency Procurement  | Attach Documentation to Support Emergency |
|  | PPRB Preapproved Vendor List | Title: |
|  | No competitive requirement |  |

|  |  |
| --- | --- |
| **The MDE Tracking Number** | Program office determines this number, if applicable. |
| **Dates of Contract** | **Beginning of Contract Period** | ***Dates\*\* July 1, when all parties sign or hard date (per OOC/Chief). \*\*\*This date must match all board item request*** | **End of Contract Period** |  |
| **Contract Amount** |  |

**Source of Funds (Check all that apply):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **State** |  | **Federal** |  | **Specify Special Funds:** |  | **Other** |  |

***I have reviewed this contract request and have determined that these services are needed and cannot be provided by current staff. I certify that funds are available in my budget to fund this contract. I understand that the contract will become effective on the date it is signed by all parties, and the contractor may not begin work until the contract is effective.***

**Bureau Director Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office of Grants Management, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY OFFICE OF EDUCATIONAL ACCOUNTABILITY**

**(For contracts that include program evaluations)**

Check one of the following:

 Approved Not Approved

If approved, route to the Office of Procurement

I have reviewed this contract request and have determined that the contract should be routed to the appropriate entity/office as designated above for approval.

**Bureau Director, Bureau of Program Evaluation Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY THE OFFICE OF PROCUREMENT**

**I have reviewed this contract request and have determined that the contract complies with the applicable policies and procedures for the** **Mississippi State Board of Education (SBE) and/or Public Procurement Review Board (PPRB).**

**Contract Analyst Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procurement Director/Designee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY THE COMPLIANCE OFFICER**

The proposed contract award is applicable to the scope of work proposed in the contract justification solicitation, and bid.

Check one of the following:

      Yes, please request executive signatures.

      No, please return to program office for additional information.

**Compliance Officer Signature                                                                                          Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY THE OFFICE OF PROCUREMENT**

|  |  |
| --- | --- |
| **MAGIC CONTRACT NUMBER** |  |
| **EFFECTIVE DATE OF CONTRACT** |  |